

Outpatient Examples Set 2.xls

Example: #1									
BILL TYPE:	131								
LINE #	REV. CODE	DESCRIPTION	HCPC/CPT CODE	DESCRIPTION	UNIT BILLED	BILLED CHARGE	ALLOWED UNITS	PRICE	PRICING EXPLANATION
01	301	LAB/CHEMISTRY	80053	COMPREHENSIVE METABOLIC PANEL	1	\$149.00	1	\$23.98	fee schedule rate per unit for billed HCPC/CPT
02	301	LAB/CHEMISTRY	84550	URIC ACID; BLOOD	1	\$35.00	1	\$7.22	fee schedule rate per unit for billed HCPC/CPT
03	305	LAB/HEMATOLOGY	85027	BLOOD COUNT; COMPLETE (CBC)	1	\$43.00	1	\$25.35	fee schedule rate per unit for billed HCPC/CPT
04	307	LAB/UROLOGY	81001	URINALYSIS, BY DIP STICK	1	\$43.00	1	\$10.16	fee schedule rate per unit for billed HCPC/CPT
05	762	OBSERVATION ROOM	99234	OBSERVATION OR INPATIENT HOSPITAL	1	\$175.00	N/A	\$55.56	cost-to-charge ratio (CCR) (no rate for HCPC/CPT)
06						\$445.00			
								\$122.27	TOTAL PRICING

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Example: #2									
BILL TYPE:	851								
LINE #	REV. CODE	DESCRIPTION	HCPC/CPT CODE	DESCRIPTION	UNIT BILLED	BILLED CHARGE	ALLOWED UNITS	PRICE	PRICING EXPLANATION
01	251	DRUGS/GENERIC			2	\$96.95	0	\$0.00	bundled with ER visit
02	450	EMERGENCY ROOM	99282	EMERGENCY DEPARTMENT VISIT	1	\$134.25	1	\$79.39	fee schedule rate per unit for billed HCPC/CPT
03						\$231.20			
								\$79.39	TOTAL PRICING

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Example: #3									
BILL TYPE:	131								
LINE #	REV. CODE	DESCRIPTION	HCPC/CPT CODE	DESCRIPTION	UNIT BILLED	BILLED CHARGE	ALLOWED UNITS	PRICE	PRICING EXPLANATION
01	250	PHARMACY			2	\$62.40	0	\$0.00	bundled with ER visit
02	450	EMERGENCY ROOM	99283	EMERGENCY DEPARTMENT VISIT	1	\$269.40	1	\$137.14	fee schedule rate per unit for billed HCPC/CPT
03	450	EMERGENCY ROOM	90782	THERA., PROPHYLACTIC OR DIAG INJECT	1	\$139.10	1	\$26.89	fee schedule rate per unit (not bundled rev code) for billed HCPC/CPT
04	730	EKG/ECG	93005	ELECTROCARDIOGRAM	1	\$235.40	1	\$20.27	fee schedule rate per unit (not bundled rev code) for billed HCPC/CPT
05						\$706.30			
								\$184.30	TOTAL PRICING

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Example: #4									
BILL TYPE:	131								
LINE #	REV. CODE	DESCRIPTION	HCPC/CPT CODE	DESCRIPTION	UNIT BILLED	BILLED CHARGE	ALLOWED UNITS	PRICE	PRICING EXPLANATION
01	450	EMERGENCY ROOM	99282	EMERGENCY DEPARTMENT VISIT	1	\$335.00	1	\$79.39	fee schedule rate per unit for HCPC/CPT
02						\$335.00			
								\$79.39	TOTAL PRICING

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Example: #5									
BILL TYPE: 131									
LINE #	REV. CODE	DESCRIPTION	HCPC/CPT CODE	DESCRIPTION	UNIT BILLED	BILLED CHARGE	ALLOWED UNITS	PRICE	PRICING EXPLANATION
01	250	PHARMACY			2	\$7.20	0	\$0.00	bundled with ER visit
02	270	MED-SUR SUPPLIES			1	\$65.00	0	\$0.00	bundled with ER visit
03	272	STERILE SUPPLY			1	\$75.00	0	\$0.00	bundled with ER visit
04	300	LABORATORY	87110	CULTURE, CHLAMYDIA	1	\$78.75	1	\$27.37	fee schedule rate per unit per billed HCPC/CPT
05	300	LABORATORY	80053	COMPREHENSIVE METABOLIC PANEL	1	\$112.82	1	\$23.98	fee schedule rate per unit per billed HCPC/CPT
06	300	LABORATORY	83690	LIPASE	1	\$14.28	1	\$16.16	fee schedule rate per unit per billed HCPC/CPT
07	300	LABORATORY	87210	SMEAR, PRIMARY SOURCE WITH INTERP	1	\$26.25	1	\$9.89	fee schedule rate per unit per billed HCPC/CPT
08	300	LABORATORY	87324	INFECTIOUS AGENT ANTIGEN DETECT	1	\$41.48	1	\$20.83	fee schedule rate per unit per billed HCPC/CPT
09	305	LAB/HEMATOLOGY	85027	BLOOD COUNT; COMPLETE (CBC)	1	\$18.90	1	\$25.35	fee schedule rate per unit per billed HCPC/CPT
10	306	LAB/BACT-MICRO	87081	CULTURE, PRESUMPTIVE	1	\$63.00	1	\$13.47	fee schedule rate per unit per billed HCPC/CPT
11	306	LAB/BACT-MICRO	87205	SMEAR, PRIMARY SOURCE WITH INTERPR	1	\$28.35	1	\$10.87	fee schedule rate per unit per billed HCPC/CPT
12	307	LAB/UROLOGY	81001	URINALYSIS	1	\$20.98	1	\$10.16	fee schedule rate per unit per billed HCPC/CPT
13	402	ULTRASOUND	76801	ULTRASOUND, PREGNANT UTERUS	1	\$299.00	1	\$56.14	fee schedule rate per unit (not bundled rev code) per unit per billed HCPC/CPT
14	402	ULTRASOUND	76817	ULTRASOUND, PREGNANT UTERUS	1	\$211.00	1	\$56.14	fee schedule rate per unit (not bundled rev code) per unit per billed HCPC/CPT
15	450	EMERGENCY ROOM	51702	INSERT TEMP INDWELLING BLADDER CAT	1	\$110.00	N/A	\$34.93	CCR (not bundled rev code) no rate
16	450	EMERGENCY ROOM	90784	THERAPEUTIC OR DIAGNOSTIC INJECTION	2	\$234.00	2	\$87.30	fee schedule rate 2 units (not bundled rev code) per unit per billed HCPC/CPT
17	450	EMERGENCY ROOM	99285	EMERGENCY DEPARTMENT VISIT	1	\$1,250.00	1	\$226.30	fee schedule rate per unit per billed HCPC/CPT
18	636	DRUGS/DETAIL CODING	J2270	INJECTION, MORPHINE SULFATE	1	\$23.35	1	\$0.69	fee schedule rate per unit (not bundled rev code) per unit per billed HCPC/CPT
19	636	DRUGS/DETAIL CODING	J2550	INJECTION, PROMETHAZINE HCL	1	\$23.05	1	\$1.09	fee schedule rate per unit (not bundled rev code) per unit per billed HCPC/CPT
20	636	DRUGS/DETAIL CODING	J7030	INFUSION, NORMAL SALINE	2	\$57.60	2	\$14.86	fee schedule rate 2 units (not bundled rev code) per unit per billed HCPC/CPT
21						\$2,760.01			
								\$635.53	TOTAL PRICING

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Example: #6									
BILL TYPE:	131								
LINE #	REV. CODE	DESCRIPTION	HCPC/CPT CODE	DESCRIPTION	UNIT BILLED	BILLED CHARGE	ALLOWED UNITS	PRICE	PRICING EXPLANATION
01	300	LABORATORY	80069	RENAL FUNCTION PANEL	1	\$72.90	1	\$12.75	fee schedule rate per unit
02	300	LABORATORY	83735	MAGNESIUM	1	\$13.89	1	\$12.41	fee schedule rate per unit
03	320	DX X-RAY	71020	RADIOLOGIC EXAMINATION, CHEST	1	\$200.00	1	\$44.09	fee schedule rate per unit
04	320	DX X-RAY	72050	RADIOLOGIC EXAMINATION, SPINE	1	\$350.00	1	\$78.94	fee schedule rate per unit
05	320	DX X-RAY	72070	RADIOLOGIC EXAMINATION, SPINE	1	\$149.10	1	\$44.09	fee schedule rate per unit
06	320	DX X-RAY	72100	RADIOLOGIC EXAMINATION, SPINE	1	\$260.00	1	\$44.09	fee schedule rate per unit
07	320	DX X-RAY	72170	RADIOLOGIC EXAMINATION, PELVIS	1	\$140.00	1	\$44.09	fee schedule rate per unit
08	450	EMERGENCY ROOM	90784	THERAPEUTIC OR DIAGNOSTIC INJECTION	2	\$234.00	2	\$87.30	fee schedule rate 2 units (not bundled rev code)
09	450	EMERGENCY ROOM	99283	EMERGENCY DEPARTMENT VISIT	1	\$450.00	1	\$137.14	fee schedule rate per unit
10	636	DRUGS/DETAIL CODING	J2270	INJECTION, MORPHINE	1	\$23.35	1	\$0.69	fee schedule rate per unit (not bundled rev code)
11	636	DRUGS/DETAIL CODING	J2765	INJECTION, METOCLOPRAMIDE HCL	1	\$20.05	1	\$3.43	fee schedule rate per unit (not bundled rev code)
12	636	DRUGS/DETAIL CODING	J7030	INFUSION, NORMAL SALINE	1	\$28.80	1	\$7.43	fee schedule rate per unit (not bundled rev code)
13	730	EKG/ECG	93005	ELECTROCARDIOGRAM	1	\$50.00	1	\$20.27	fee schedule rate per unit (not bundled rev code)
14						\$1,992.09			
								\$536.72	TOTAL PRICING

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Example: #7									
BILL TYPE:	131								
LINE #	REV. CODE	DESCRIPTION	HCPC/C PT CODE	DESCRIPTION	UNIT BILLED	BILLED CHARGE	ALLOWED UNITS	PRICE	PRICING EXPLANATION
01	250	PHARMACY			14	\$482.00	0	\$0.00	bundled with ER visit
02	255	DRUGS/INCIDENT RAD			2	\$98.70	0	\$0.00	bundled with ER visit
03	300	LABORATORY	G0001	ROUTINE VENIPUNCTURE	1	\$14.30	1	\$4.54	cost-to-charge ratio
04	305	LAB/HEMATOLOGY	85380	FIBRIN DEGRADATION PRODUCTS	1	\$133.20	1	\$19.29	fee schedule rate per unit
05	324	DX X-RAY/CHEST	71010	RADIOLOGIC EXAMINATION, CHEST	1	\$141.00	1	\$44.09	fee schedule rate per unit
06	341	NUC MED/DX	78585	PULMONARY PERFUSION IMAGING	1	\$1,494.30	1	\$299.28	fee schedule rate per unit
07	450	EMERGENCY ROOM	99284	EMERGENCY DEPARTMENT VISIT	1	\$561.00	1	\$226.30	fee schedule rate per unit
08	450	EMERGENCY ROOM	90784	THERAPEUTIC OR DIAGNOSTIC INJECTION	4	\$278.20	4	\$174.60	fee schedule rate 4 units (not bundled rev code)
09						\$3,202.70			
								\$768.10	TOTAL PRICING

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Example: #8									
BILL TYPE:	131								
LINE #	REV. CODE	DESCRIPTION	HCPC/C PT CODE	DESCRIPTION	UNIT BILLED	BILLED CHARGE	ALLOWED UNITS	PRICE	PRICING EXPLANATION
01	270	MED-SUR SUPPLIES			1	\$5.15	N/A	\$1.64	cost-to-charge ratio
02	760	TREATMENT ROOM			2	\$57.08	N/A	\$18.12	cost-to-charge ratio
03	920	OTHER DX SVS	59025	FETAL NON-STRESS TEST	1	\$231.75	1	\$114.39	fee schedule rate per unit
04						\$293.98			
								\$134.15	TOTAL PRICING

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Example: #9									
BILL TYPE:	131								
LINE #	REV. CODE	DESCRIPTION	HCPC/C PT CODE	DESCRIPTION	UNIT BILLED	BILLED CHARGE	ALLOWED UNITS	PRICE	PRICING EXPLANATION
01	250	PHARMACY			3	\$9.00	N/A	\$2.86	cost-to-charge ratio (not bundled procedure code)
02	456	URGENT CARE	99203	OFFICE OR OTHER OUTPATIENT VISIT	1	\$300.00	1	\$53.56	fee schedule rate per unit
03						\$309.00			
								\$56.42	TOTAL PRICING

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Example: #10									
BILL TYPE: 131									
LINE #	REV. CODE	DESCRIPTION	HCPC/C PT CODE	DESCRIPTION	UNIT BILLED	BILLED CHARGE	ALLOWED UNITS	PRICE	PRICING EXPLANATION
01	402	ULTRASOUND	76819	FETAL BIOPHYSICAL PROFILE	1	\$254.81	1	\$87.94	fee schedule rate per unit
02	760	TREATMENT ROOM			1	\$28.54	N/A	\$9.06	cost-to-charge ratio
03	920	OTHER DX SVS	59025	FETAL NON-STRESS TEST	1	\$231.75	1	\$114.39	fee schedule rate per unit
04						\$515.10			
								\$211.39	TOTAL PRICING

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